## PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATI Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## May 17, 1999 8:00 am Secretary of State

05-17-1999 90029 005 \*\*\*150.00

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## DOCUMENT #

P21800

(8)

**UNIPOWER CORPORATION** 

<u>.</u>							
Principal Place of Business Mailing Address							
3900 CORAL RIDGE DR.		3900 CORAL RIDGE DR	1				
CORAL SPRINGS FL 33065		CORAL SPRINGS FL 33065				20 1107 11707	<b>-</b>
		•				DO NOT WRITE IN  3. Date Incorporated or Qualified	THIS SPACE
2. Principal Place of Business 2a. Mailing Address						11/17/1988 4. FEI Number	<del></del>
21		26		65-0080704	<u>^</u>		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			S8.75		
22		27				5. Certificate of Status Desired	Fee R
City & State		City & State	City & State			6. Election Campaign Financing	\$5.00
23		28			Trust Fund Contribution		
Zip	Country	Zip	Country			8. This corporation owes or has paid to	he current year in
24	25   29   : 9. Name and Address of Current Registered Agent		30	The state of the s		Ω Yes [	
							tered Agent
CT CORPORATION SYSTEM				''	arre-		
	200 S. PINE ISLAND ROAD			B2 Str	eet Addres	Address (P.O. Box Number is Not Acceptable)	
· •	PLANTATION FL 33324	<i></i>	-	B3			<del></del>
	473	-550 <b>3</b>	- {	~			
₽.			[1	34 Cit	y		E1 85 Zp
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing it office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as							
agent. I a	im familiar with, and accept the obligati	ions of, Section 607.0505, Flor	rida Statu	tes.	corporation	is board of directors. I hereby accept th	e appointment as
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE							
12.	OFFICERS AND DIRECTORS		13.				
TITLE	PD	DELETE	1.1 TITE	Ę.		The Horse is trace to of hour	Change
NAME	MERINO, JOE		1.2 NAM	tE.			
STREET ADDRESS	3900 CORAL RIDGE DR.		1.3 STR	EET ADDRE	ss		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		1.4 CITY	'-ST-ZIP			
TITLE	VD	☐ DELETE	2.1 TITL	E			Change
NAME	PATRICK HUNTER		2.2 NAM	Ε			
STREET ADDRESS	3900 CORAL RIDGE DR.	,	2.3 STR	ET ADORE	ss		
CITY - ST - ZIP	CORAL SPRINGS FL 33065		2. 4 CIT	/-ST-ZIP			
TITLE	SD	DELETE	3.1 TITL	Ē		1	Change Change
NAME	MICHAEL DOWLING		3.2 NAM	Ε			
STREET ADDRESS	3900 CORAL RIDGE DR.		3.3 STR	ET ADDRE	ss		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		3.4 CITY	-ST-ZIP			
TITLE .	D	DELETE	4,1 TITLE		, n.		Insta
NAME	SCHNEIDER EDWARD J.		4. 2 NAM	Ε	ALLIC	T, MARK	
STREET ADDRESS	3900 CORAL RIDGE DR.		43 STRE	ET ADDRES		o coron Roge Pro	,
CITY-ST-ZIP TITLE	CORAL SPRINGS FL 33065	T DELETE	4.4 CITY		4.000	2 SPRINGS P 33061	
NAME	CFOT	☐ DELETE	5.1 TITLE		C 1	FOST BANCA	Thange
STREET ADDRESS	GALLO, BIANCA M		5.2 NAM		Puca	i GALLO BLANCT	
CITY-ST-ZIP	3900 CORAL RIDGE DR. CORAL SPRINGS FL	.~		ET ADDRES	SS	<del>-</del>	
TITLE	VP	☑ DELETE		ST-ZIP	<del>                                     </del>	10	
NAME	CLOUTHER KEN	r Dereie	6.1 TITLE		1	Ιρ	☐ Change
STREET ADDRESS	3900 CORAL RIDGE DR.		6.2 NAM	-	J 6-01	LFORD DALF	
CITY-ST-ZIP	CORAL SPRINGS FL 33065			ET ADDRES	10.0	O CORAL RIOGE 05	•
	ertify that the information supplied with	this filing does not qualify for	6.4 CTY- the exem	ST-ZIP ption st	ated in Sec	an Sperks Fz 33065	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that officer or director of the corporation or the pseciver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appoints a signature shall have the same legal effect as if made under oath; that Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayme Phone 6